

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

POWER OF ATTORNEY

Docket No.

8001.005

Name of Applicant: **Mikhail Zaidman**

Address of Applicant: **3029 Brighton 12 Street, Apt. C7
Brooklyn, NY 11235**

Title: **Compact Smoking Oven With A Rotatable Food Support**

Serial No., if Any: **09/217,469**

Filed: **December 21, 1998**

TO THE ASSISTANT COMMISSIONER FOR PATENTS

The Assistant Commissioner for Patents
Washington, D.C. 20231

Honorable Sir:

I hereby appoint:

Anna A. Vishev (Reg. No. 45,018)

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as principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please direct all future correspondence to:

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Dated:

4/7/00

JCT 71 U.S. PTO
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PTO/SB/56 (12-97)

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 8001.005			
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than Small Entity		
				Rate	Fee	Rate	Fee	
(A) Total Claims (37 CFR 1.16(j))	(B)	****	= x\$ ____ =			x\$ ____ =		
(C) Independent Claims (37 CFR 1.16(i))	(D)	*	= x\$ ____ =			x\$ ____ =		
Basic Fee (37 CFR 1.16(h))					\$ _____	\$ _____		
Total Filing Fee					\$ _____	OR	\$ _____	
Claims as Amended - Part 2								
(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than Small Entity		
				Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	*** 25	MINUS ** 25	* = 0	x\$ ____ =		x\$ ____ =		
Independent Claims (37 CFR 1.16(i))	*** 12	MINUS **** 9	= 3	x\$ 39 =		x\$ 117 =		
Total Additional Fee					\$ 117	OR	\$ _____	
<p>* If the entry in (D) is less than the entry in (C), write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, write "20" in this space. *** After any cancellation of claims **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2105</u> in the amount of <u>\$ 117.00</u>. A duplicate copy of this sheet is enclosed.</p>								
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-2105</u>. A duplicate copy of this sheet is enclosed.</p>								
<p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p>								
<u>04.07.2000</u>		<u>Anna Vishev</u>						
Date		Signature of Applicant, Attorney or Agent of Record						
Anna Vishev								
Typed or printed name								

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